

**MMS MOTORSPORTS INC.**

35 LUMBER ROAD, ROSLYN NY 11576

PHONE: (516)625-2900 FAX: (516) 625-2909

EMAIL: info@manhattanmotorsports.com

NY REPAIR SHOP #7108931 EIN 81-5198162

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN# \_\_\_\_\_ Mileage \_\_\_\_\_ Plate# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Claim# \_\_\_\_\_

**AUTHORIZATION TO DISMANTLE**

In order to prepare a thorough and proper estimate and to effectively negotiate the repair amount with the above-named insurance company, it may be necessary to remove certain parts to examine and/or expose underlying damage. *If necessary for insurance adjuster*, I authorize MMS Motorsports Inc. to dismantle my vehicle, at the shop posted labor rate of \$200/hour. This is not an authorization to repair.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DESIGNATED REPRESENTATIVE**

I hereby authorize MMS Motorsports Inc. to act as my designated representative in negotiating the amount necessary to repair my vehicle to its pre-loss condition with the above-named insurance company. This is not an authorization to repair.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO REPAIR**

I authorize MMS Motorsports Inc. to repair my vehicle as per the manner of repair and/or price agreed-upon by myself and MMS Motorsports Inc. *This is an authorization to repair.* If I decide, after insurance estimate, not to repair my vehicle or to repair it elsewhere, I agree to pay MMS Motorsports Inc. a fee of 25% of the total insurance claim proceeds and the cost of any nonrefundable/nonreturnable parts related to the repair. (This does not apply to totaled vehicles.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTION OF PAY**

I authorize the above-named insurance company to issue and pay any and all proceeds related to the repair of my vehicle for this claim directly to MMS Motorsports Inc. If possible, I authorize the above-named insurance company to leave the claim payment(s) with MMS Motorsports Inc. I authorize MMS Motorsports Inc. to endorse my name, when necessary, on claim payment(s) and to deposit all proceeds issued by the above-named insurance company that result from this loss. Tax ID# 81-5198162.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STORAGE FEES**

I agree to the posted storage charges of \$87.00 per day beginning 72 hours after completion of the repairs until vehicle is picked up. If the repairs are not completed, declined or vehicle is deemed a total loss, there will be an \$87 per day storage charge from the day the vehicle was dropped off until the day the vehicle was removed from the MMS facility. Storage charges on total losses start to accrue from the time the vehicle arrives at the shop and until the insurance company picks it up. If I buy back the car, I agree that I am fully responsible for the storage payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NO INSURANCE COMPANY CAN REQUIRE THAT REPAIRS BE MADE TO A MOTOR VEHICLE IN A PARTICULAR PLACE OR REPAIR SHOP. YOU HAVE THE RIGHT TO HAVE YOUR MOTOR VEHICLE REPAIRED IN THE SHOP OF YOUR CHOICE. The shop posted labor rate is \$200/hour. The posted storage charge is \$87/day.